

YOU MAKE THE CALL

How many times have you thought to yourself in the middle of an emergent EMS call: "When are those paramedics going to get here?" All Emergency Medical Technician-Is (EMT-Is) approach every run with the intent to provide each and every patient with the highest level of care at their disposal. At times, and usually in critical situations, EMT-Is have felt "if I could have only done more"...and those feelings are appropriate! Why? Because an EMT is only trained to provide a BASIC level of medical care. This edition of the *PULSE* contrasts the desire to provide more, with the Department's need for personnel in the paramedic ranks, and once again hopes to stimulate the reader in deciding just how they might "make the call."

There was a buzz in the locker room as the latest recruit class excitedly dressed for their graduation. "The day has finally arrived...I can hardly believe it! No more hose lays, BA's, knots, or ladders.....and no more EMT training", the walls echoed. The class was called to the apparatus floor for inspection by the senior training captain and soon they found themselves sitting before a stage under a large white tent. Propped on an easel was a board covered in felt; and there they were, the badges! What every recruit had sacrificed for, had sweat for, and had challenged themselves for: The Bear! Then in the haze of one of the many speeches, they heard. "The challenge is far from over. You all have just sworn to protect life, property, and environment....and the greatest and most cherished of these is LIFE!" As the speech continued, the emerging theme was not that they had made it, but rather that they have just begun to face the challenges ahead. "You are all anxious to jump on that engine and roll up to a structure fire" the speaker continued, "but the reality is that 70 to 80 percent of your call load will be filled with EMS runs." "We will always prepare ourselves for every eventuality," he continued, "but the challenge that is laid before you today is: how far will you challenge yourself in the field of emergency medicine?"

Why such a daunting challenge? The County of Los Angeles is the most populous county in the United States, with over 9.9 million residents in over 4,000 square miles. It is home to over 80 incorporated cities as well as over 130 unincorporated areas. In 2005, the Los Angeles County Fire Department recorded 282,091 incidents. Of the total recorded incidents for the Department, 198,128 were EMS incidents, 40 percent of which required Advanced Life Support (ALS) transport. Within and above that 4,000 square miles drives and flies some 740 paramedics are staffing the following units:

- 69 Paramedic Squads (including two Lifeguard units on Catalina Island)
- Six Paramedic Engines
- 21 Assessment Engines
- Three EMS Helicopters

The necessity for new firefighters to understand the dominate role EMS has in their new career is paramount; for within their ranks will emerge the Department's future paramedics. It is estimated that three paramedics per month leave their post position primarily due to promotion; 36 paramedics per year! Whether through promotion, retirement, or transfer, the need is gapingly apparent.

Presently, some 39 paramedic positions are
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EMS History Corner

By Assistant Chief Mike Metro

To appreciate where we are with our paramedic program today, it's often good to look back at where we came from. The Los Angeles County Fire Department's paramedic program enjoys a rich legacy established by those who have laid the foundations for us. Names like Bob Belliveau and Dale Cauble, just two of the original paramedics who were trained at Harbor General and Daniel Freeman Hospitals in 1969. These men went on to staff Squads 59, 36, 18 and 209, the first paramedic units within our department. Jim Page, then a battalion chief, became the first Director of Emergency Medical Services in 1972. Mike Stearns and Art Moncrief were the first paramedic coordinator captains. All had their work cut out for them as they converted two "rescue squads" into paramedic units every five weeks for two years straight!

But to truly understand the quantum leap we have made within our Department in the last 40 years, I would like to share a memory as told to me by Jim Page, whom many consider to be the father of our paramedic program.

As a captain, I was assigned to Station 69 in Topanga Canyon from 1966 to 1970. In those days, firefighters were the only public service entity in the area available 24 hours a day, seven days a week. That meant the fire

station was often a focal point for the community and many relationships were developed. One friendship in particular was with a young family with children who moved to Topanga Canyon to begin an uncomplicated lifestyle in the rural community while the father drove back and forth to Culver City where he worked in the aircraft industry. This family would often stop by, allowing their kids

to become enamored by



the fire equipment and the firefighters who were never too busy to lift them into the cab and sit behind the massive steering wheel. As a wife and mom, the matriarch of the family would gently shepherd the kids about, making sure they did not get into those things curious kids are drawn to.

One summer evening at about 6:30, we received a medical call to this family's house. I responded in the patrol, driven by Firefighter Dick Gilbert and when we arrived, took our new E and J resuscitator up a 50 foot flight of stairs to find the mother of these precious little children having a severe asthmatic attack. We were not even EMT's, we did not have a paramedic program, and the nearest ambulance was responding from Malibu. Seconds painfully turned into minutes as we watched a dear friend slip away while the terrified family looked on. Our frustration was magnified beyond words by the fact we could do nothing. The only help was an ambulance whose personnel were no more qualified to help than we were. Interventions we take for granted today, such as epinephrine, were only available at a distant hospital, precious minutes away. That night, this hopelessness was unbearable as we watched our friend slowly die. Nearly 40 years later, that memory is still as vivid in my mind as if it happened yesterday. Those things you never, ever forget.

Today, we often take for granted our ability to make a difference in a person's life. If the skills, equipment and medications available to our paramedics today were available that evening in Topanga, Jim Page's friend likely would not have died.

In today's fire service, our mission has changed. Of our emergency call volume, 80 percent are EMS responses. We have met that challenge with a paramedic program that is known throughout the world for making a difference for the nearly 200,000 patients whose lives we touch every year. Something we should never forget is the legacy of our paramedic program provided to us through the heart and soul efforts of those who had the courage and devotion to work toward a vision. Those first firefighters who completed an intensive training program to become the first Los Angeles County Fire Department paramedics had the courage to participate in a program no one was sure would even get off the ground! Today, our paramedic program is nearly 34 years old and continues to make a difference for those that entrust their lives to our Department.

The Lifeguard Division's Paramedic Program



firefighters from the Los Angeles County Fire Department, the Avalon Fire Department, Catalina Island Harbor Patrol and the Catalina Island Search and Rescue Team. With only one stand-by Emergency Department at Catalina Island Medical Center (previously Avalon Hospital), the Catalina Island Lifeguard Paramedics routinely interface with paramedics and EMT-Is from the Department's Air Operations Section, the Los Angeles County Sheriff's Department, Los Angeles City Fire Department, Mercy Air and the U.S. Coast Guard.

Two paramedic teams are assigned to Catalina Island 24-hours per day, seven days per week, with one team in Avalon and the other located at the Island's isthmus. Their assigned base hospital (for medical control) is Torrance Memorial Medical Center. The Lifeguard paramedics frequently serve as the liaison between Catalina Island Medical Center and Torrance Memorial Medical Center nurses and physicians in order to facilitate appropriate patient care and transport decisions.



This becomes especially critical when patients requiring tertiary care services, not available at Catalina Island Medical Center, cannot be transported from the Island via EMS aircraft.

With the hyperbaric chamber primarily utilized for dive emergencies in Los Angeles County located at Catalina Island's isthmus, the Lifeguard paramedics routinely interface with Los Angeles County USC Medical Center attending and resident physicians. In fact, many of the Lifeguard paramedics are also hyperbaric chamber technicians.

The Lifeguard paramedics must follow all Los Angeles County Prehospital Care Policies, the Los Angeles+County Medical Control Guidelines, the Los Angeles County Fire Department Patient Care Guidelines and all applicable Departmental policies and procedures. They must also comply with all policies, procedures and guidelines specific to Catalina Island.

With the vast roles and responsibilities required of Lifeguard paramedics, why do you think they continue to experience a lack of paramedic vacancies? **Please send your thoughts/ideas to lunderwo@lacofd.org.** Perhaps this will give us some insight to assist in addressing our paramedic vacancy problem in other areas of the Department.

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vacant. To minimize the need, the Department's current target is to obtain a five percent vacancy reduction goal by December 2006. In the face of such demanding numbers, it is incumbent upon every new firefighter to plan their destiny from their first day on duty; for it is not merely a job but an overwhelmingly sought after career. Of all the positions within the Department, the one which will serve to provide the greatest opportunity for education, experience and advancement is the paramedic position.

A seasoned paramedic of many years once summed it up by saying, "Reasons for not being a paramedic will always be present, but what should always outweigh them are the reasons why a person sought this career in the first place. We are a self-motivated group of people, who inherently like to challenge ourselves; but the real reason is how we feel when we help people that truly need help."

So if there is a true desire to do more, how far will you challenge yourself in the field of emergency medicine?...it's now your turn to stop and "make the call."

PATIENT CONTACT STATS *for 2005*

198,128 — Total EMS Calls
 of these calls, major categories identified:

- 3,430 Cardiac Arrests
- 55,181 Injury Calls
- 6,675 Critical (Trauma Triage Criteria)
- 16,796 Pediatric Calls
- 11,567 Cardiac Calls (excluding Cardiac Arrests)